

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90053 042 ****61.25

DOCUMENT # N51028 1. Entity Name MONTAGE BY THE LAKE HOMEOWNERS' ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 3251 NW 44TH STREET FORT LAUDERDALE, FL 33309 US			Mailing Address C/O MIAMI MANAGEMENT, INC 14275 SW 142ND AVE MIAMI, FL 33186 US																																																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40040109 																																																																																																																																					
City & State		City & State		02262005 Chg-NP CR2E037 (10/03)																																																																																																																																					
Zip Country		Zip Country		4. FEI Number 65-0281887																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent ZIFRONY, MATTHEW ESQ 110 SE 6TH ST, 15TH FL FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>T</td> <td>SHIELDS, HUGHETTE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>Dave Gordon, President</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3263-3 NW 44ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">FORT LAUDERDALE, FL 33309</td> </tr> <tr> <td>T</td> <td>HERNANDEZ, ERNEST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>Hughette Shields, Vice President</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3271-3 NW 44ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">FORT LAUDERDALE, FL 33309</td> </tr> <tr> <td>P</td> <td>GORDON, DAVE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>Denise Jeffery, Secretary</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3271 NW 44 ST #6</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">FORT LAUDERDALE, FL 33309</td> </tr> <tr> <td>D</td> <td>LENNON, CHUCK</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td></td> <td>Michael Stephen, Treasurer</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3291 NW 44 ST, #6</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">FORT LAUDERDALE, FL 33309</td> </tr> <tr> <td>D</td> <td>JEFFREY, DR. DENISE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td>Ernest Hernandez, Director</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3255-3 NW 44 ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">FORT LAUDERDALE, FL 33309</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						T	SHIELDS, HUGHETTE	<input type="checkbox"/> Delete		Dave Gordon, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3263-3 NW 44ST					CITY-ST-ZIP	FORT LAUDERDALE, FL 33309					T	HERNANDEZ, ERNEST	<input type="checkbox"/> Delete		Hughette Shields, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3271-3 NW 44ST					CITY-ST-ZIP	FORT LAUDERDALE, FL 33309					P	GORDON, DAVE	<input type="checkbox"/> Delete		Denise Jeffery, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3271 NW 44 ST #6					CITY-ST-ZIP	FORT LAUDERDALE, FL 33309					D	LENNON, CHUCK	<input checked="" type="checkbox"/> Delete		Michael Stephen, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	3291 NW 44 ST, #6					CITY-ST-ZIP	FORT LAUDERDALE, FL 33309					D	JEFFREY, DR. DENISE	<input type="checkbox"/> Delete		Ernest Hernandez, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3255-3 NW 44 ST					CITY-ST-ZIP	FORT LAUDERDALE, FL 33309							<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																									
SIGNATURE: _____ 3-17-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									